



HANDLING & PROCESSING ORGANIC SYSTEM PLAN

NAME: _____

COUNTY: _____

BUSINESS NAME: _____

Directions to Facility

A. GENERAL INFORMATION

Year company began: _____ Year first certified: _____

Name of person overseeing organic production: _____

Are employees trained on organic handling/processing requirements? ☐ Yes ☐ No

If "Yes", please describe the training process. _____

Has your business applied for certification previously? ☐ Yes ☐ No

If "Yes", list the certifier, the year the application was made, and the outcome of the application: _____

Have you ever been denied certification? ☐ Yes ☐ No

If "Yes", please describe the circumstances. _____

List current organic certification by other agencies: _____

Preferred time and season for inspection visit: ☐ Morning ☐ Afternoon Season: _____

B. HANDLER CATEGORIES (If you are a processor, please move on to section "C".)

Please indicate which categories apply to your business. Check all categories that apply.

☐

Packer

A packing operation receives raw agricultural products and packs the products for shipping. The packer may or may not take title to the product. A packer may be involved in cleaning the products prior to packing.

☐

Repacker

A repacker receives packed or packaged products, removes the products from the original container, may or may not sort the product, and repacks the product for sale in either the original container or in a different container.

☐

Distributor

A distributor receives packed or processed agricultural products, usually from shippers, processors, or other distributors, and sells or distributes those products to processors, other distributors or retail stores. Distributors may or may not take title to the product.

☐

Warehouse

A warehouse receives and stores products. A warehouse does not take legal title to the product. A warehouse does not open product containers, mix, combine, or otherwise handle the product while it is in custody.



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- ☐ **Broker**
A broker acts as an agent for others in negotiating a sales contract. A broker may or may not take legal title to the product.
- ☐ **Retailer**
A retailer is a business operating from an established place of business that sells food products directly to consumers. If you plan to apply for certification for part of your retail business, please indicate which departments you plan to get certified: _____
- ☐ **Other:** _____

C. CHAIN OF CUSTODY *Please describe the chain of custody regarding product that is in either your legal or physical possession, from harvest to finished product shipping.*

Custom/Contract Agreements *(List any outside handlers, processors or storage facilities contracted in the chart below)*

Handler, Processor or Storage Facility	Certified by	Address, if not certified	Phone, if not certified

C. ORGANIC VERIFICATION: PRODUCTS HANDLED, INGREDIENTS, SOURCES

How do you verify that products ingredients or products that you receive where organically produced according to the NOP organic standards? ☐ Obtain valid organic certificates from USDA Accredited Organic Certification Agencies prior to handling /processing new products ☐ Transaction certificates ☐ Other _____

How often are the certificates updated? ☐ Monthly ☐ Yearly



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HARVEST AND TRANSPORTATION

Are you responsible for: ☐ Harvest ☐ Transportation of organic crops? ☐ Neither – DO NOT complete this section
– Go to Section E.

If you are responsible for Harvest or Transportation, describe how you insure that there are no residues in harvest or transport equipment from non-organic crops. ☐ Used for organic crops only ☐ Equipment cleaned prior to harvest
☐ Other _____ Is this documented? ☐ Yes ☐ No

Do you provide harvest containers to the grower? ☐ Yes ☐ No ☐ Bulk Loads

☐ If yes, are containers treated? If yes, list treatments:

Are the containers ☐ New? ☐ Used for organic/transitional crops only? ☐ Yes ☐ No

If no, how are the containers cleaned prior to harvest? _____

Describe how containers are identified _____

If you use bulk trucks to harvest and haul product, what measures do you take to prevent contamination of the organic products? ☐ Clean truck affidavits ☐ Clean out records ☐ Other _____

What shipping documents accompany the load? ☐ Field Ticket ☐ BOL ☐ Trip Ticket ☐ Other _____

E. RECEIVING AND STORAGE

Does this facility receive or store organic product? ☐ Yes ☐ No If no, do not complete this section

If yes, how are organic products received at your facility? ☐ Harvest container ☐ Bulk Boxes ☐ Totes

☐ Bulk bags ☐ Bulk trailer ☐ Retail Package ☐ Drums ☐ Other _____

If you do receive bulk product, how is commingling of organic and non-organic products prevented? _____

☐ No non-organic product present during an organic run ☐ storage area clearly identified as organic ☐ Other _____

Does this facility store organic product prior to packing/processing? ☐ Yes ☐ No

If yes, please describe how organic and non-organic products are kept separate _____

What records do you keep upon receipt and or storage of organic product into your facility? (Check those that apply.)

☐ Bill of lading ☐ Invoice ☐ Scale ticket ☐ Receiving ticket ☐ Other _____

Is an internal lot code assigned at the time of receipt? ☐ Yes ☐ No

If "Yes", describe the lot numbering System. _____



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F. PROCESSING, PACKING, and REPACKING

What production records do you keep (Check those that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Daily production log | <input type="checkbox"/> Waste log | <input type="checkbox"/> Line Cleaning |
| <input type="checkbox"/> Shift production log | <input type="checkbox"/> Shrinkage log | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> QC reports | <input type="checkbox"/> Daily production tally | |
| <input type="checkbox"/> Product specification sheet | <input type="checkbox"/> Chlorine levels | |

CLEANING AND SANITATION

Do you clean the lines prior to processing/packing organic products? ☐ Yes ☐ No ☐ N/A (Not Applicable)

If "Yes", describe the procedure and list the cleansers and sanitizers that are used on food bearing surfaces.

Material (Complete Name)	Application and Use (Explain how the material is used, what it is used on, and how often it is used.)

Is the cleaning and sanitation followed by a potable water rinse? ☐ Yes ☐ No

Are quaternary ammonium compounds used for sanitizing food-bearing surfaces? ☐ Yes ☐ No ☐ N/A

If "Yes", what steps are taken to prevent contamination of the organic food?

LIST all post harvest materials used in your facility.

Include all waxes, atmospheric gases, fumigants, fungicides, volatiles, sanitizers and cleansers used in process water and any other material that could contact the food products.

Product (Complete Name)	Used during organic run?	Application and Purpose



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G. WATER

Is water used in the processing, packing, or repacking of organic products? ☐ Yes ☐ No (If "No", do not complete this section.)

What is the water source at your facility? _____

Is the water re-circulated? ☐ Yes ☐ No

Is the water potable? ☐ Yes ☐ No

Do you treat the water on site? ☐ Yes ☐ No

Is chlorine used in wash water or flume water? ☐ Yes ☐ No ☐ N/A (Not Applicable)

If yes, Is it followed by a potable water rinse? ☐ Yes ☐ No If "Yes", what steps do you take to insure that residual chlorine in water leaving the plant is maintained at or below 4ppm (the maximum residual disinfectant limit under the Safe Water Drinking Act)? How is this verified? _____

STEAM Is steam used in the processing, packing, or repacking of organic products?

Does steam come into direct contact with organic products? ☐ Yes ☐ No If yes, how do you prevent prohibited boiler treatment chemicals from contacting organic products ☐ Steam filters ☐ Condensate traps ☐ Other _____

List all products used as boiler water additives: _____

Do you implement water conservation strategies at your facility? ☐ Yes ☐ No

If "Yes", please describe. _____

H. PACKAGING

Does this facility package organic product(s)? ☐ Yes ☐ No (If "No", do not complete this section.)

What type(s) of packaging materials do you use? (Check all that apply.)

- | | | |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Paper | <input type="checkbox"/> Glass | <input type="checkbox"/> Aseptic |
| <input type="checkbox"/> Cardboard | <input type="checkbox"/> Metal | <input type="checkbox"/> Synthetic fiber |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Foil | <input type="checkbox"/> Natural fiber |
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Waxed paper | <input type="checkbox"/> Other _____ |

Are packaging materials food grade? ☐ Yes ☐ No

Are packaging materials free of prohibited materials? ☐ Yes ☐ No

Are packaging materials recyclable? ☐ Yes ☐ No

Are packaging materials returnable? ☐ Yes ☐ No

Is organic identity clear on all packaging and labeling? ☐ Yes ☐ No

Describe how you identify packaging as organic. _____

Is all packaging and labeling equipment cleared of organic identification prior to all subsequent conventional runs?

☐ Yes ☐ No



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Describe how partial pallets/boxes/drums/etc. of organic products are processed. ☐ N/A (Not Applicable)

I. FINISHED PRODUCT STORAGE AND SHIPPING

Does this facility store or ship organic product(s)? ☐ Yes ☐ No (If "No", do not complete this section.)

What warehouse, shipping, and sales documents do you maintain? (Check all that apply.)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Pallet/tote ticket | <input type="checkbox"/> Purchase/sale order | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Picking ticket | <input type="checkbox"/> Bill of lading | |
| <input type="checkbox"/> Warehouse inventory | <input type="checkbox"/> Sales invoice | |

Do all documents clearly identify the product as organic? ☐ Yes ☐ No

Where do you store organic products? _____

Are organic products stored in Controlled Atmosphere? ☐ Yes ☐ No

If "Yes", are the organic controlled atmosphere rooms on a separate air supply from rooms that contain treated fruit?

☐ Yes ☐ No

J. PEST MANAGEMENT

What type of pest management system do you use?

- ☐ In-house - Name of responsible person: _____ Phone: _____
- ☐ Contract service - Name: _____ Phone: _____

What type of pest problems have you had?

- | | | |
|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Crawling insects | <input type="checkbox"/> Product contamination |
| <input type="checkbox"/> Flying insects | <input type="checkbox"/> Rodents | <input type="checkbox"/> Other _____ |

What monitoring techniques are used to monitor pests?

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Pheromone traps | <input type="checkbox"/> Product sampling | <input type="checkbox"/> Other _____ |
|--|---|--------------------------------------|

What preventative and/or management methods are used to control pests *inside* your facility?

- | | | |
|---|---|--|
| <input type="checkbox"/> Good sanitation | <input type="checkbox"/> Removal of exterior habitat/food sources | <input type="checkbox"/> Crack and crevice sprays* |
| <input type="checkbox"/> Sealed doors/windows | <input type="checkbox"/> Bait/baited traps* | <input type="checkbox"/> Insecticidal sticky strips/traps* |
| <input type="checkbox"/> Air curtains | <input type="checkbox"/> Fogging* | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> U.V. light insectocutors | <input type="checkbox"/> Fumigation* | |
| <input type="checkbox"/> Sticky traps | | |

**Organic products must be removed from the building to implement these pest control methods.* Explain how organic products are protected from exposure to these materials. _____

K. STANDARD OPERATION PROCEDURES

Does your facility have Standard Operation Procedures for processing organic products? ☐ Yes ☐ No



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If "Yes", please attach a copy of these operating procedures to this Organic Processing System Plan.

L. QUALITY ASSURANCE

Do you have a Quality Assurance program in place? ☐ Yes ☐ No

If "Yes", what program do you use? ☐ American Institute of Baking ☐ Total Quality Management

☐ Hazard Analysis of Critical Control Points ☐ Other _____

Do you have a product recall system in place? ☐ Yes ☐ No

If "Yes", please describe. _____

FLOW CHART: Please provide a flow chart here or on a separate sheet that outlines the flow of product through the facility. Include where ingredients are added or and/or processing adds are used.